# SEMINOLE COUNTY GOVERNMENT AGENDA MEMORANDUM

**SUBJECT:** Seminole County Health Department Fee Resolution

**DEPARTMENT:** Community Services

DIVISION: Administration - Community

<u>Services</u>

**AUTHORIZED BY:** Joe Forte **CONTACT:** Pamela Martin **EXT:** 2302

#### MOTION/RECOMMENDATION:

Approval and authorization for the Board of County Commissioners to adopt the Seminole County Health Department Fee Resolution to update the Administrative Code.

County-wide Joe Forte

### **BACKGROUND:**

Each year, the County Health Department reviews existing fee resolutions to ensure proper fees are charged for services provided to the public.

The Seminole County Health Department proposes that a new fee Resolution be adopted which amends certain fees set forth in Section 20.26 "Health Department" of the County Administrative Code. The proposed fee Resolution includes revisions to existing services offered by the Seminole County Health Department.

The proposed changes will not affect low-income citizens who qualify for Medicaid.

### STAFF RECOMMENDATION:

Staff recommends the approval and authorization for the Board of County Commissioners to adopt the Seminole County Health Department Fee Resolution to update the Administrative Code.

### **ATTACHMENTS:**

- Resolution
- 2. Administrative Code

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- ☐ Budget Review (Betty Segal, Lin Polk, Lisa Spriggs)
- ☐ County Attorney Review (Susan Dietrich)

THE FOLLOWING RESOLUTION WAS ADOPTED BY THE BOARD OF COUNTY COMMISSIONERS OF SEMINOLE COUNTY, FLORIDA, AT THEIR REGULARLY SCHEDULED MEETING ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_\_, 2008.

WHEREAS, Seminole County Ordinance No. 89-28 created the Seminole County Administrative Code; and

WHEREAS, Seminole County Resolution Numbers 89-R-438 and 05-R-151 adopted the Seminole County Administrative Code, and

WHEREAS, pursuant to Special Acts of the Legislature, Chapter 67-1845, Seminole County was given authority to establish and amend, as needed, a schedule of fees for services by the County Health Department; and

WHEREAS, due to the enormous number of laboratory tests and procedures available for proper health care, and the addition of new tests and procedures brought forth by advance of medical science, Seminole County does hereby adopt by reference those charges set forth under the State of Florida Medicaid Reimbursement Rate as they may be amended from time to time by the Seminole County Health Department for those primary care services, including but not limited to, laboratory tests and x-rays, for which there are no specific fees set in the attached fee schedule; and

WHEREAS, due to insufficient current State funding sources, Seminole County is seeking to recover costs associated with certain primary care and community public health services provided; and

WHEREAS, the fees established in the fee schedule represent the maximum charge for each service but may be adjusted on a sliding scale, based upon the income of the recipient of the services, pursuant to State of Florida guidelines; and

WHEREAS, each year the County reviews existing fee resolutions to ensure proper fees are charged for its services.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF SEMINOLE COUNTY, FLORIDA THAT,

Section 20.26 "Health Department", Seminole County Administrative Code, is amended as identified in the attached revised Fee Resolution. The attached changes are for inclusion in the Seminole County Administrative Code.

ADOPTED this	day of, 2008.
ATTEST:	BOARD OF COUNTY COMMISSIONERS SEMINOLE COUNTY, FLORIDA
	By:
MARYANNE MORSE	BRENDA CAREY, Chairman
Clerk to the Board of	
County Commissioners of	
Seminole County, Florida.	Date:
SED/sjs 9/5/08	

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Section 20.26 Health Department "Fee Resolutions"

Attachment

### SECTION 20. FEE RESOLUTIONS

#### 20.26 HEALTH DEPARTMENT

**A. PURPOSE.** To establish public health service fees in order to expand existing public health services to the community at large.

### B. PRIMARY CARE SERVICES.

- (1) Acute/Episodic Illness Primary care services will be charged on a fee-forservice basis not less than the prevailing Medicaid rate, nor more than the prevailing Medicare rate. The fee will be derived by considering the type of visit, the client sliding fee group based on Federal OMB Guidelines, and the State Medicaid rate. Medicaid identification will be accepted as full payment in lieu of charges.
- (2) Family Planning The fee will be derived by considering the type of visit, the client sliding fee group based on Federal OMB Guidelines, and the State Medicaid rate. Medicaid identification will be accepted as full payment in lieu of charges.
- (3) Well Child Services The fee will be derived by considering the client sliding fee group, which is calculated at eligibility determination, based on Federal OMB Guidelines. The fee group will be applied to the rate not less than the prevailing Medicaid rate, not more than the prevailing Medicaid rate. Medicaid identification will be accepted as full payment in lieu of the fee.
- (4) School/Day Care Physicals A one-time service, \$30.00 per physical. (A limited visit which fulfills the basic requirement of the School System or a Day Care Center. Lab tests and/or other services performed beyond the basic requirement will be charged for separately.)
- (5) Maternity Services All clients Clients who are presumed eligible will receive continued prenatal care through delivery and postpartum care. Those clients who are denied active Medicaid and wish to continue receiving services will enter into a contract for the amount of \$2,300 which includes prenatal care and delivery with a postpartum visit. Those clients with insurance coverage will assign benefits to the CHD. Prenatal care clients will be billed in full for all services rendered if they are unwilling to follow through with seeking Medicaid eligibility.
- (6) Dental Clinic The fee is based on the Medicaid rate. Seminole County residents who do not meet the requirement of being "active Medicaid", up to the age of 21 years or pregnant (using Medicaid Services), can be screened through Community Assistance for dental services at this clinic.
- (7) Pharmacy Fees are assessed per cost of prescription plus dispensing fee. The fee will be derived by adding \$5.00 dispensing fee plus the cost of prescription. Cost of prescription is the cost of medication plus 0% to 20% to be

determined on a sliding fee scale category. The payment will be assessed by considering the client sliding fee group, which is calculated at eligibility determination, based on Federal OMB Guidelines. Medicaid identification will be accepted as full payment in lieu of charges.

(8) Lead Screening - The fee will be derived by considering the client sliding fee group which is calculated at eligibility determination, based on Federal OMB guidelines. The fee group will be applied to the rate established by the State Medicaid program. Medicaid identification will be accepted as full payment in lieu of charges.

(9)	Blood Chemistries Only - Actual Cost plus per visit specimen drawing and handling fee of	\$20.00			
(10)	Herpes Quantification Test	\$45.00			
(11)	Pregnancy Test - Nurse Consultation	Medicaid Rate \$19.00			
(12)	Pregnancy Test – Teenage clients	No Charge			
(13)	Chest X-ray	Medicaid Rate			
(14)	Lamaze Classes - Private Sector (5 weeks)	\$40.00			
	Not receiving care from SCHD Enrolled SCHD Clients (5 weeks)	\$20.00			
(15)	Hypertension, series of up to five tests	\$5.00			
(16)	Thin-Prep PAP laboratory test	\$25.00			
COMMUNITY PUBLIC HEALTH SERVICES					
(1)	Tuberculosis X-ray for suspected, confirmed or symptomatic contact or case	No Charge			
(2)	Tuberculosis (TB) Sputum Culture for suspected, confirmed or symptomatic contact or case	No Charge			
(3)	Chest X-ray for health care employees or for vocational or college student program requirements, with physician interpretation nurse assessment.	\$35.00 <u>\$25.00</u>			
	Nurse assessment.	\$25.00			

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(4) Tuberculin (TB) Skin Test, with reading and nurse assessment.

\$<del>5.00</del> \$30.00

Nurse assessment.

\$25.00

- (5) Sexually Transmitted Diseases The fee will be derived by considering the client sliding fee group which is calculated at eligibility determination, based on Federal OMB Guidelines. The fee group will be applied to the rate established by the State Medicaid Program. Medicaid identification will be accepted as full payment in lieu of charges. Patients referred by the Disease Intervention Specialist for initial testing may be charged.
  - (6) Testing for HIV I Antibodies
    - (a) For Health Department Clients with eligibility card:

for test results within the normal time period (State Lab per sliding fee scale)

No Charge to \$20.00

for faster test results (within 48 hours)
Private Lab

\$40.00

(b) For people who are not already Health Department Clients:

for test results within the normal time period (State Lab)

\$20.00

for faster test results (within 48 hours)
Private Lab

\$40.00

- (7) Immunizations for adults (such as international travel vaccinations, hepatitis prevention, etc.):
  - (a) Flat Fee: Prevailing vaccine costs plus dispensing fee.

Dispensing Fee:

\$20.00

(b) Influenza vaccine, includes dispensing fee

<del>\$20.00</del> \$30.00

(c) Pneumococcal vaccine, includes dispensing fee

<del>\$25.00</del> \$45.00

(8) Required Immunizations for children up to age 18

No Charge

	<ul> <li>(9) Laboratory Services: Prevailing lab cost plus blood drawing or urine collection fee.</li> <li>Blood Drawing or Urine Collection Fee:</li> <li>(10) Class/Seminar attendance registration Per person charge for health care, social work and counseling employees</li> </ul>			•
				\$15.00
		and obdineding employees	AIDS 101 AIDS 500 AIDS 501	\$ 5.00 \$10.00 \$50.00
D.	VITAL	STATISTICS:		
	(1)	Birth Certificates:		
		County Fee State Fee pursuant to Section 382.02 FS (Surcharge for Certificates Issued		\$8.00
		Local Registrars) State Surcharge, Child Welfare Train Trust Fund	ing	\$2.50 \$1.50
•		Total Fee for Birth Certificates		\$12.00
	(2)	Additional Copies		\$8.00
	(3)	Protective covers		\$3.00
	(4)	Death Certificates - Certified Copy		\$8.00
E.	MEDICAL RECORDS:			
	(1)	Copying of Medical Record (per page	<del>)</del> )	50 cents
F.	PUBLIC RECORDS:			
	(1) Copying of Public Record (per page)		25 cents	

- **G. ENVIRONMENTAL HEALTH SERVICES:** The following Environmental Health fees are hereby adopted as authorized by State of Florida Administrative Code or Policy, unless otherwise indicated.
  - (1) Water
    - (a) Health Department Laboratory analysis per sample \$20.00



<b>/</b> b\	Chamical compling per site visit	•
(b)	Chemical sampling per site visit State Fee County Fee Total	\$50.00 <u>\$10.00</u> \$60.00
(c)	Chemical sampling per site visit for Delineated areas State Fee County Fee Total	\$50.00 <u>\$10.00</u> \$60.00
(d)	Combined chemical/microbiological Sample visit State Fee County Fee Total	\$55.00 <u>\$10.00</u> \$65.00
(e)	Limited use public water system annual operating permit State Fee (Initial) County Fee Total	\$75.00 <u>\$20.00</u> \$95.00
	State Fee (Renewal) County Fee Total	\$70.00 <u>\$20.00</u> \$90.00

\*Note: The Seminole County Health Department will charge no drinking water fee without authority to do so by Statute or rule.

### (2) Swimming Pools and Bathing Places

(a)	Annual operating permit - up to and including 25,000 gallons County Fee Total	\$100.00 <u>\$ 25.00</u> \$125.00
(b)	Annual operating permit - more than 25,000 gallons County Fee Total	\$200.00 \$ 65.00 \$265.00
(c)	Late fee - (on permits paid after June 30) County Fee	\$50.00



	(d)	Re-inspection Fee per each re-inspection County Fee	\$25.00
	(e)	Variance Applications	\$25.00
	(f)	Exempted Condo Pools State Fee County Fee Total	\$50.00 <u>\$10.00</u> \$60.00
(3)		Tanks (Onsite Sewage Treatment and Disposans) (OSTDS)	I
	(a)	New septic tank State fee pursuant to Chapter 64E-6, F.A.C. County Fee Total fee for standard or filled septic tank	\$ 305.00 \$ 50.00 \$ 355.00
	(b)	Septic Tank Modification(s) State fees pursuant to Chapter 64E-6, F.A.C. County Fee Total fee for Septic Tank Modification(s)	\$185.00 \$ 50.00 \$235.00
	(c)	Septic tank repair permit State fee pursuant to Chapter 64E-6, F.A.C County Application Fee Total fee for septic tank repair permit	\$175.00 \$ 35.00 \$210.00
	(d)	Re-inspection fee per each non- compliance re-inspection County Fee State Fee pursuant to Chapter 64E-6, F.A.C. Total	\$ 25.00 \$ 50.00 \$ 75.00
	(e)	Septic System Abandonment Permit State Fee County Fee Total	\$ 40.00 \$ 40.00 \$ 80.00
	(f)	Variance Application for a Single Family Residence per each lot or building site State Fee County Fee Total	\$150.00 \$ 50.00 \$200.00



(g)	Varia Com State Cour Tota	\$200.00 \$ 50.00 \$250.00	
(h)		ite Sewage Consultation Fees and Field \u00eduests Not Related to Formal Permitting	Work
	(i) <sub>.</sub>	Plan Review County Fee	\$50.00
	(ii)	Soil Profile Fee County Fee	\$100.00
(i)	Ope	Fees for Delinquent Onsite Sewage rating Permits nty Fee	\$50.00
(j)	Pern State Coul Tota	\$55.00 <u>\$20.00</u> \$75.00	
(k)	Volu	\$50.00	
(I)	Fast Track Permitting Consultation for New, Modification & Existing Sewage \$75.0		
(m)	DRC Deve	\$35.00	
(n)	DRC & Fir (revi	\$150.00 \$ 35.00	
(o)	Man Cou	\$50.00	
(p)	State	Re-Evaluation Fee e Fee nty Fee I	\$ 75.00 \$ 25.00 \$100.00



	(q)	Aerobic Treatment Unit Maintenance Annual Permit State Fee County Fee Total	\$25.00 \$50.00 \$75.00
	(r)	Annual Operating Performance Permits for Performance Based Systems State Fee County Fee Total	\$ 50.00 \$ 50.00 \$100.00
(4)	Food	Service	
	(a)	Annual permit for Child Care Centers with food service permitted pursuant to Chapter 64E-11, Florida Administrative Code State Fee County Fee Total	\$ 85.00 <u>\$ 15.00</u> \$100.00
	(b)	Late renewal of Annual Certificates State Fee County Fee Total	\$25.00 <u>\$ 5.00</u> \$30.00
	(c)	Alcoholic Beverage Establishment Inspection State Fee County Fee Total	\$30.00 <u>\$20.00</u> \$50.00
	(d)	Reinspection Fee (1 <sup>st</sup> )	\$50.00
	(e)	Annual Permit – Nursing Homes State Fee County Fee Total	\$210.00 \$ 40.00 \$250.00
	(f)	Annual Permit – Adult Living Facilities State Fee County Fee Total	\$110.00 \$ 50.00 \$160.00



(5)

(g)	Annual Permit – Schools	
(9)	State Fee County Fee Total	\$160.00 \$ 90.00 \$250.00
(h)	Annual Permit – Civic Organizations State Fee County Fee Total	\$160.00 <u>\$ 90.00</u> \$250.00
(i)	Annual Permit – Hospitals State Fee County Fee Total	\$210.00 <u>\$ 40.00</u> \$250.00
(j)	Annual Permit – Detention Centers & Jails State Fee County Fee Total	\$210.00 <u>\$ 40.00</u> \$250.00
(k)	Food Service Plan Review State Fee/hour (1 hour minimum) County Fee Total/hour (1 hour minimum)	\$35.00 <u>\$15.00</u> \$50.00
Oth	er Services	
(a)	Tanning Facilities	
	Re-inspection fee per each re-inspection County Fee	\$25.00
(b)	Body Piercing	
	Re-Inspection fee per required re-inspection County Fee	\$25.00
(c)	Rabies test (low-risk species)	\$100.00
(d)	Group Care Homes and Facilities	
	(i) Residential Group Home(s) Voluntary request for inspection County Fee	\$50.00



	(ii)	Adult Living Facilities General sanitation inspection as required by Agency for Health Care Administration County Fee	\$50.00
	(iii)	Day Care Centers Semi-Annual General sanitation inspections (Annual Fee) County Fee	\$50.00
(e)	Foste	er Homes	
	(i)	Annual environmental health inspection County Fee	\$50.00
	(ii)	Foster Home Reinspection	\$25.00
(f)		ols: Semi-annual environmental health ction of school facilities (Annual Fee)	
	Coun	ty Fee	\$100.00
(g)		ing and Public Buildings Entertaining Light meter reading	\$50.00

H. AUTHORITY. Resolution 2004-R-23 adopted February 10, 2004
Resolution 2006-R-130 adopted June 13, 2006
Resolution 2006-R-213 adopted September 26, 2006
Resolution 2007-R-170 adopted September 25, 2007